

Ophthalmic Literature

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CONTENTS

Cooperation for Efficiency.....	33
The Ophthalmic Year Book.....	34
A New Journal.....	35
The Extent of Ophthalmic Literature.....	35
Ophthalmological Societies	36
Book Notices	36

Index of Ophthalmology:

Diagnosis, Therapeutics	37
Operations, Refraction, Ocular Movements.....	38
Conjunctiva, Cornea and Sclera.....	39
Anterior Chamber and Pupil, Uveal Tract, Sympathetic Dis- ease, Glaucoma	40
Crystalline Lens and Vitreous.....	41
Retina, Toxic Amblyopias, Optic Nerve.....	42
Optic Tracts and Centers, Color Vision, Eyeball, Congenital Anomalies, Lacrimal Apparatus, Lids.....	43
Orbit, Parasites, Tumors, Injuries.....	44
Pathology, General Diseases, Comparative Ophthalmology.....	45
Hygiene, Economics, Professional Relations, Education, History	46

Abstracts From Foreign Journals:

Chronic Inflammatory Tumor of Orbit.....	47
Ophthalmoscopy of The Angle of the Anterior Chamber.....	48

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Edited by EDWARD JACKSON. Assisted by WILLIAM H. CRISP.

CO-OPERATION FOR EFFICIENCY.

There are many directions in which co-operation is essential to efficiency, but in none is it more necessary than in the mastery of the current literature. More than thirty years ago the writer started, for his own use, an index of the literature of ophthalmology. It covered between twenty and thirty periodical publications, stimulated systematic reading, the selection of the important facts or views of the papers read, and it is still used occasionally to locate an article or abstract that is not to be found in the index catalogue of the Surgeon General's Library. After this index was kept up for a few years, it was discovered that a colleague was making an index of the same character, covering the same ground. This at once suggested the uselessness of duplicating the work. If we could cooperate we could cover double the number of journals, and so almost double the value of the resulting index. Shortly after this the *Index Medicus* became available, and although this did not furnish all that one could desire, it was so far superior to anything possible to an individual reader that the private index was soon discontinued.

In former years some of the most valuable papers in the literature have been those which brought together the whole recorded experience of the profession with reference to one particular subject, and of these the bibliography of the subject was often the most valuable part. Now to search the whole literature of ophthalmology for the recorded cases of one disease is almost as great an undertaking as to search it for all recorded cases of all ocular diseases. Many of the best bibliographies of particular subjects have been built up by the combined efforts of several students. One has collected all the cases he could from the literature at his command; another with access to a different literature has done the same thing. Then a third has combined the work of the other two, adding cases of his own. After this each new writer has scanned the literature that has appeared since the last important paper on the subject, and has added the cases placed on record since. And each worker in this field may have discovered old cases that his predecessors had overlooked.

In view of the laborious character of the process we wonder how, even with a lifetime devoted to the perfecting of a single volume, one man could build up such a monument as did Mackenzie in the bibliographic notes of his "Diseases of the Eye." But the current literature of MacKenzie's day was very small compared with that of 1914. Probably the annual output of papers on ophthalmic topics up to 1840 was about one-fiftieth of the papers published last year. A complete survey of the literature of his specialty, possible to a studious oculist

seventy-five years ago, has grown quite impossible in our generation. If we are to master the literature of our chosen branch of medicine, if we are to live up to the opportunities of the new century, as methods and aids to study, we must render our efforts more effective by co-operation.

Fortunately the expansion of the literature has been accompanied by intelligent efforts to render it more accessible and available. Fair indexes to individual works have become the rule instead of the rare exception. The journal indexes of such publications as the "*Annales d'Oculistique*," the "*Klinische Monatsblätter*," or the "*Zeitschrift für Augenheilkunde*," the "*Ophthalmoscope*" and the "*Journal of the American Medical Association*" are enormously helpful. A special class of publications has been developed to meet this need. In German the "*Michel-Nagel Jahresbericht*" has been published for forty-five years. In French the "*Revue Générale d'Ophtalmologie*" has entered on its thirty-third volume. In English the "*Archives of Ophthalmology*" has endeavored for many years to give a systematic report of the progress of ophthalmology throughout the world, and more recently we have been developing the "*Ophthalmic Year Book*." Probably undertakings of this kind have now been carried about as far as the efforts of individuals or small groups of workers can carry them. But they have far from developed their full possibilities of value and efficiency. To carry them forward requires wider, closer and more active cooperation on the part of those who conduct them and those who use them.

THE OPHTHALMIC YEAR-BOOK.

It is more than ten years since this publication was undertaken, and the tenth volume is now in press. It has gradually grown in size and completeness until it bears comparison with its only rival—the German "*Jahresbericht*." It has won high appreciation of its usefulness from the editors of every ophthalmic journal published in the English language, the men most competent to judge it, and the devotion of a limited number of subscribers. But it is far from perfect, far from being complete or thorough as with wider cooperation it well might be. The field it is intended to occupy can only be thoroughly covered by widely associated effort. The service it is capable of rendering can only be developed in response to a general professional demand and with the aid of adequate support.

It is a fact, that ought to be more generally understood by their readers, that every ophthalmic journal published in the English language has been established at important financial loss to those who have started and supported it. Very few have ever become self-sustaining, even without any compensation for editorial labor. It is also a fact that every one of these publications falls short of the standard of excellence that its editor sees it might readily attain because the support received from the profession is not sufficient to maintain a higher standard.

These things are equally true of the *Ophthalmic Year-Book*. On such a basis healthy growth and permanence for the enterprise are

impossible. The time has now come when the Year-Book should be placed on a permanent basis of some sort, so that it can cover the world's literature completely and systematically and command the services of collaborators, who will enable it to offer promptly to its readers well-winnowed gleanings from every important contribution to our science and art.

A NEW JOURNAL.

Bearing the date February 24, 1914, comes the first number of a new journal bearing the name **Zentralblatt für die gesamte Ophthalmologie und ihre Grenzgebiete**. The active editorial management is in the hands of W. Krauss of Marburg. But it also bears the names of Bielschowsky, Elschnig, Hertel, von Hippel, Schieck and Siegrist.

This issue contains 148 well-filled pages, five-sixths of its contents being brief notices or abstracts of articles appearing in the world's current literature. It is a publication that may well receive attention from those English and American students of ophthalmology who have laboriously acquired a reading knowledge of German. This is an accomplishment that rapidly deteriorates unless kept up by practice. The reading of such a journal will furnish the needed practice, and at the same time open a field in the literature largely different from that accessible through the journals published in our language. The thing about it most open to criticism is its name. For a journal that deals in abstracts, and may reasonably hope to be quoted, to adopt a name that would serve as a table of contents or prospectus is hardly excusable.

THE EXTENT OF OPHTHALMIC LITERATURE.

We are reminded how great is the field we undertake to cover by finding in the journal above mentioned references of several periodical publications and society transactions that we have never before seen mentioned. Two of these appear to be new journals, the abstracts being taken from articles appearing in their first issues. But others have evidently been published for years without having been previously noticed in any of the French, German or English publications devoted to ophthalmology. None of them are ophthalmic journals. They are devoted to general medicine or allied sciences. But they are liable to contain articles of interest to the ophthalmologist, and no complete survey of our literature can ignore them.

However, the difficulties of a complete survey are still better illustrated by comparison of the above new journal with the issue of **Ophthalmic Literature** for February. In the latter are mentioned 329 original articles; in the former 133. It may be the purpose of the **Zentralblatt** to notice only the most important contributions. But this is not evident from the issue in hand, and the **Zentralblatt** includes such borderline topics as "Family Degeneration and Alcohol," "Acids and Nerve Excitability," "Trichloracetic Acid and Dermatotherapy." But the striking thing is the differing proportions of articles drawn from the various countries. Of the 133 noticed in the German journal, 73 are

from Germany or German Austria; 15 from the British Empire, and 8 from the United States. Of the 329 in *Ophthalmic Literature*, 164 are taken from writers in Germany and German Austria, 25 from those of the British Empire, and 53 from the United States.

It is quite impossible in the present stage of professional organization to bring together all the articles that relate to ophthalmology. It is very difficult to do justice to the literature of one's own country, especially when it issues 270 general medical journals. But when these scattered papers appear in a different language, published in journals not to be found in any British or American library, a kind and breadth of cooperation that has not yet been generally attained can alone render a complete survey of the literature possible.

OPHTHALMOLOGICAL SOCIETIES.

The meetings of National and International Ophthalmological Associations in which our readers are chiefly interested are given below. The data regarding local societies and clubs in America are gradually accumulating, and will be arranged and presented in a future number. So far we have learned of three such organizations that have come into existence within the last year. Probably there are others that have not yet been heard from.

Ophthalmological Society of the United Kingdom, London, April 23-25.

Société Française d'Ophthalmologie, Paris, May 4-6.

American Ophthalmological Society, Hot Springs, Va., May 12-13.

American Medical Association, Section on Ophthalmology, Atlantic City, June 22-26.

Oxford Ophthalmological Congress, Oxford, July 8-10.

Ophthalmologische Gesellschaft, Heidelberg. Date not announced.

British Medical Association, Section on Ophthalmology, Aberdeen, July 29-31.

International Congress of Ophthalmology, St. Petersburg, August 10-15.

American Academy of Ophthalmology and Oto-Laryngology, Boston, October 19-21.

BOOK NOTICES.

Oatman, Edward L., New York. *Diagnostics of the Fundus Oculi*.

Small quarto, 327 pages, 234 illustrations, 4 colored plates and 79 stereograms (colored) with 8 diagnostic cards. Troy, N. Y. The Southworth Company. Price, \$25.00.

In this work Dr. Oatman has left a monument of which any talented, industrious ophthalmologist might well be proud. Its peculiar value lies largely in the colored plates. These are about the best that have been published in this country. An obvious criticism of stereoscopic views of the fundus oculi is that the eye-ground is not viewed by binocular vision. It is probable that in future binocular ophthalmoscopes will be used more than they have been in the past. But aside from this, the use of such plates will give a more vivid con-

ception of the conditions portrayed than can the usual examination of a single flat plate.

If a correct conception of the condition is sought this will be more successfully conveyed by stereoscopic vision than by looking at the plane surface. Looking into the eye with the ordinary ophthalmoscope one may, by selection of lenses or by moving his eye slightly in front of the patient's dilated pupil, gain a very accurate and important perception of depth, which the flat surface of a printed plate never can convey except with the aid of the stereoscope. For instance, no single flat plate can give such a conception of retinitis proliferans as one gets from the stereogram. On this account the fact that these plates are stereoscopic does add much to their value, even if one never views the fundus through a binocular ophthalmoscope.

The explanation of the case from which the picture was obtained, with the indication of what it is important to notice printed on each card, so that it can be read between glances at the stereogram, facilitates the quick mastery of all that the pictures have to show.

The importance of the plates and the name given to the work are liable to divert attention from some of the other valuable features of this volume. For instance, while the fundus oculi is the center of attention, the first chapter on "Examination of the Eye," includes good, brief accounts of examination by oblique illumination, transillumination and tonometry, both digital and instrumental; all amply illustrated. The chapter on the Normal Fundus includes seven excellent half-tone representations of the histology of the retina and optic nerve, and the chapter dealing with each group of diseased conditions is supplied with abundant illustrations of pathologic histology.

The tables, which place in parallel columns the characteristics of ocular conditions liable to be confused, are extremely convenient for one who wishes to bring immediately to mind the leading points to consider in making a diagnosis. Of these tables there are twelve, and they are reprinted on cards for use with the stereograms. Each chapter ends with a bibliography, which must add greatly to the value of the work as one of reference, and should direct the student to the channels for farther information. Every teacher will find this work worth having, and the list of teachers may well include every ophthalmologist who has to train an office assistant or to teach himself.

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Bailey, E. P. Refraction—Its Value in Nervous Diseases. *Calif. Electric Med. Jour.*, v. 7, p. 50.
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Campbell, H. Nystagmus on Turning Eyes to Right. *Proc. Roy. Soc. Med. Med. Record*, v. 85, p. 475.
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Pincus, F. Endogenous Gonorrheal Corneal Affections. Arch. of Ophth., v. 43, p. 136.
Scott, K. Operation for Staphyloma of Cornea. Ophthalmoscope, v. 12, p. 184.
Verhoeff, F. H. Ultra-violet Light as a Germicidal Agent. Jour. Amer. Med. Assn., v. 62, p. 762.
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ANTERIOR CHAMBER AND PUPIL.

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Reichmann, F. Pupils in Dementia Praecox. Arch. f. Psychiatr. u. Nervenkrank., v. 53, p. 302.

UVEAL TRACT.

- Aurand.** Scleral Tuberculosis Treated by Tuberculin. L'Opht. Prov., v. 11, p. 11.
Croftan, A. C. Gouty Iritis. (Dis.) Chicago Ophth. Soc., Dec. 15. Ophth. Rec., v. 23, p. 148.
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Goldzieher, W. Pathology of Sympathetic Ophthalmia. Virchows Arch. f. Path., v. 213. Cent. f. p. Augenh., v. 33, p. 56.
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GLAUCOMA.

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Elliot, R. H. New Method of Treating Glaucoma. Ophth. Rec., v. 23, p. 142.
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- Standish, M.** Trephine Operation in Glaucoma. Boston Med. and Surg. Jour., v. 170, p. 382.
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Meller, J. Chronic Inflammatory Tumor Formations of the Orbit. (Graefes Archiv. für Ophthalmologie, v. 85, p. 146).

Diagnosis between primary tumors of the orbit and orbital new-growths resulting from chronic inflammatory processes often presents considerable difficulty. Incorrect diagnosis may readily lead to sacrificing a hitherto useful or even normal eye, or at least to permanent interference with the normal mobility of the eye or of the upper lid. Meller, working in the histological laboratory of Fuchs' Vienna clinic, has studied a series of cases, the histological findings in which corrected the clinical errors of diagnosis, usually after surgical intervention had produced either loss of vision or disturbance of function. The majority of the cases date back to a period when the Wassermann test was not available, and although in most instances the newgrowth was probably or certainly of syphilitic origin, yet it would commonly have been impossible to establish such a diagnosis in any other way than by the therapeutic test. In one case, after operation had destroyed the sight of the first eye, the second eye became almost blind from optic neuritis, but recovered under mercurial inunctions. In one instance the trouble had started in a frontal sinusitis, the result being a bony swelling inside the upper rim of the orbit. In a recent case the Wassermann test was negative, but the histologic appearance of an excised piece of tissue, together with the subsequent rapid recovery of the

patient under mercury, left no practical doubt as to the luetic character of the orbital growth. The tumors described had no characteristic in common, although the growth usually started from above. Generally there was no pain, or merely indefinite statements were made as to headache. In almost every case the periosteum was found involved at the time of operation. The tumors were as a rule not sharply limited.

Meller urges that before a serious operation is undertaken for any orbital growth, every possible effort should be made to place its character beyond doubt, by tuberculin and Wassermann tests, examination of the nose and its accessory cavities, and finally, in every case in which syphilis can possibly be suspected, by vigorous treatment with mercury and iodine. When all these resources have been exhausted, an excised piece of the tumor should be histologically studied, although even this ultimate test may at times prove fallacious.

Salzmann, M. *Ophthalmoscopy of the Angle of the Anterior Chamber.* (Zeitschrift für Augenheilkunde, v. 31, p. 1).

Ophthalmoscopy of the angle of the anterior chamber is not so easy by far as the examination of the ocular fundus, and the number of cases in which it can be applied is decidedly limited. The cases which Salzmann describes are selected from a long series of observations, because they showed clear and definite pictures. For the first attempt one should choose an eye whose anterior chamber is deep and whose cornea is large and not too flat. These qualities are found most frequently in moderate or high degrees of myopia. Peculiarly adapted are the rarer cases of hydrophthalmus with transparent cornea. Brown eyes offer more decided effects than blue.

The light is reflected into the eye from the concave mirror as though it were intended to test the transparency of the ocular media. The head and eye of the patient must then be turned sideways to such an extent that the cornea is seen in profile from the temporal side. When the examined eye is turned very slightly more to one side, a gleaming white reflex appears, sharply limited toward the iris. Further rotation renders this reflex brighter and brighter until it occupies the whole profile of the cornea. The white reflex comes from the opposite scleral border, in the region of Schlemm's canal.

The angle of the anterior chamber can be more easily seen by using the inverted image, which is to a great extent independent of the refraction of the examined eye. A strip probably 2mm. wide may be seen distinctly at one time. The lens which is used to produce the inverted image must be held at a much greater distance from the eye than in examining the fundus; and as the inverted image itself lies much further from the lens, the observer must also withdraw much further back than he is accustomed to do in studying the indirect image. The view of the angle of the anterior chamber is only possible in a direction almost at right angles with the axis of the examined eye. For this reason only the nasal angle can be conveniently studied.

Salzmann discusses the optical conditions under which the angle of the anterior chamber is visible. By the help of a contact glass it is possible to study the angle of an anterior chamber which is naturally too shallow for such investigation. From the position of the observer's eye it necessarily follows that the anterior surface of the ciliary body is the only part seen approximately at right angles to the line of vision; the outer wall of the angle of the chamber, and still more, the anterior surface of the iris, being greatly foreshortened. The anterior surface of the iris is recognized by its color and its numerous irregularities, which are seen in profile. The anterior surface of the ciliary body is seen as a narrow, evenly colored strip, less deeply colored than the iris. In front (against the white scleral reflex) it is continuous with a delicate fringe, or sometimes with long delicate processes di-

rected meridionally. These are iris processes, and are invisible in blue or gray eyes.

The appearances observed in several pathologic cases are described, and some of them illustrated in colors. In a case of old "rheumatic iritis," with very deep anterior chamber, the ciliary margin of the iris bulged forward in marked degree and covered the greater part of the anterior surface of the ciliary body. Beyond the anterior surface of the ciliary body was a white band, and beyond this a strip made up of minute points and spots of pigment. The iris processes were apparently of unusual length. But after an iridectomy these supposed processes had disappeared; so that they probably consisted of peripheral synechiae which had been separated by operative traction on the iris.

In the next case described the eye had been blind for five years following severe iritis, and there was marked atrophy of the iris tissue. The angle of the anterior chamber was studied after applying a Fick contact glass. No trace of the ciliary body could be seen, nor of the normal white scleral reflex. Their place was taken by a diffuse reddish-gray coloring, representing a well-developed peripheral synechia. A similar appearance was found in a case of acute glaucoma, and complete peripheral synechia was also demonstrated in a case of hydrophthalmus. But in a further case of hydrophthalmus, complicating plexiform neuroma, the angle of the anterior chamber was found entirely free from peripheral synechia, although there was complete excavation of the optic disc.

Ophthalmoscopy of the angle of the anterior chamber renders visible remains of hemorrhage into the chamber, at a period when the ordinary external examination shows the blood to have entirely disappeared. After iridectomy, whether alone or with cataract extraction, it is in most cases impossible to see the white scleral reflex in the region of the coloboma. In its stead is seen the deep brown color of the posterior surface of the iris; the inference being that a stump of iris is left and heals into the wound much more frequently than is commonly supposed. In such cases it is also possible to see the foremost part of the inner surface of the ciliary body.

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Revue Générale d'Ophtalmologie, Paris, France.
Revue Internationale d'Hygiène et de Thérapeutique Oculaires, Paris, France.
Rivista Italiana di Ottalmologia, Rome, Italy.
Sammlung Zwangloser Abhandlungen aus dem Gebiete der Augenheilkunde, Halle a. S. Germany.
Viestnik Ophthalmologie, Moscow, Russia.
Wochenschrift für Therapie und Hygiene des Auges, Dresden, Germany.
Zeitschrift für Augenheilkunde, Berlin, Germany.

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